

MAPD CARRIERS

Medicare Advantage Plans are another way to get your Medicare Part A and Part B coverage. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by Medicare-approved private companies that must follow rules set by Medicare. Most Medicare Advantage Plans include drug coverage (Part D). In many cases, you'll need to use health care providers who participate in the lan's network and service area for the lowest costs. These plans set a limit on what you'll have to pay out-of-pocket each year for covered services, to help protect you from unexpected costs. Some plans offer out-of-network coverage, but sometimes at a higher cost.

Remember, you must use the card from your Medicare Advantage Plan to get yout Medicare-covered services. Keep your red, white and blue Medicare card in a safe place because you'll need it if you ever switch back to Original Medicare. Below are the most common types of Medicare Advantage Plans.

- 1. Health Maintenance Organization (HMO) Plans
- 2. Medicare Savings Account (MSA) Plans
- 3. Preferred Provider Organization (PPO) Plans
- 4. Private Fee-for-Service (PFFS) Plans
- 5. Special Needs Plans (SNPs)
- AETNA
- Anthem
- Blue Shield of CA
- BCBS of MI
- Blue KC
- Health Alliance of MI (HAP)
- Highmark

- Humana
- Lasso MSA
- Medical Mutual
- Priority Health
- United Health
- Wellcare/Centene



Other less common types of Medicare Advantage Plans That may be available include HMO Point of Service (HMOPOS) Plans and a Medicare Medical Savings Account (MSA) Plan.

Health Maintenance Organization (HMO) Plans

In HMO Plans, you generally must get your care services from providers in the plan's network, except:

- Emergency care
- Out-of-area urgent care
- Out-of-area dialysis

In some plans, you may be able to go out-of-network for certain services. But, it usually costs less if you get your care from a network provider. This is called an HMO with a point-of-service (POS) option. Find and compare HMO Plans in your area.

Are prescription drugs covered in health Maintenance Organization (HMO) Plans? In most cases, prescription drugs are covered in HMO Plans. Ask the pla. If you want Medicare drug coverage (Part D), you must join an HMO Plan that offers prescription drug coverage.

Medicare Savings Account (MSA) Plans

MSA Plans combine a high-deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare into the account to pay for your health care costs, but only Medicare-covered expenses count toward your deductible. The amount deposited is usually less than your deductible amount so you generally will have to pay out-of-pocket before your coverage begins.

Are prescription drugs covered?

No MSA Plans cover prescription drugs - a Part D plan must be separately purchased.



Preferred Provider Organization (PPO) Plans

How PPO Plans Work

A Medicare PPO Plan is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. PPO Plans have network doctors, other healthcare providers and hospitals. You pay less if you use doctors, hospitals and other healthcare providers that belong to the plan's network. You pay more if you use doctors, hospitals and providers outside of the network.

Can you get your healthcare from any doctor, other healthcare provider or hospital? In most cases, you can get your health care from any doctor, other health care provider or hospital in PPO Plans. Each plan gives you flexibility to go to doctors, specialists or hospitals that aren't on the plan's list, but it will usually cost more.

Are prescription drugs covered?

In most cases, prescription drugs are covered in PPO Plans. Ask the plan. If you want Medicare drug coverage, you must join a PPO Plan that offers prescription drug coverage. Remember, if you join a PPO Plan that does not offer prescription drug coverage, you can't join a Medicare drug plan (Part D).

Private Fee-for-Service (PFFS) Plans

How PFFS Plans Work

A Medicare PFFS Plan is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. PFFS plans aren't the same as Original Medicare or Medigap. The plan determines how much it will pay doctors, other healthcare providers and hospitals, and how much you must pay when you get care.

Can I get my health care from any doctor, other health care provider or hospital? In some cases, you can get your health care from any doctor, other health care provider or hospital in PFFS Plans.

If you join a PFFS Plan that has a network, you can also see any of the network providers who have agreed to always treat plan members. You can also choose an out-of-network doctor, hospital or other provider, who accepts the plan's terms, but your costs will usually be lower if you stay in the network.

Note: You can go to any Medicare-approved doctor, other health care provider or hospital that accepts the paln's payment terms and agrees to treat you. Not all providers will.

Are prescription drugs covered?

Prescription drugs may be covered in PFFS Plans. If your PFFS Plan doesn't offer drug coverage you can join a Medicare drug plan (Part D) to get covered.

Special Needs Plans (SNPs)

How Medicare SNPs work

Medicare SNPs are a type of Medicare Advantage Plan (like an HMO or PPO). Medicare SNPs limit membership to people with specific diseases or characteristics. Medicare SNPs tailor their benefits, provider choices and drug formularies to best meet the specific needs of the groups they serve.

Can I get my health care from any doctor, other health care provider or hospital?

Generally, you must get your care and services from doctors or hospitals in the Medicare SNP network, except:

- Emergency or urgent care, like care you get for a sudden illness or injury that needs medical care right away
- If you have End-Stage Renal Disease (ESRD) and need out-of-area dialysis Medicare SNPs typically have specialists in the disease or conditions that affect their members.

Are prescription drugs covered?

All SNPs must provide Medicare prescription drug coverage.



CARRIER APPLICATION GUIDE

Upon completion of this unit, you will have a better understanding of the following:

- Application Fee
- Household Discount
- Telephone Interview (Carrier Specific)
- Draft Options
- Commission Splits
- State Specifics on Open Enrollment Periods

*Depending on State

Contracting and Licensing: contracting@teamifg.com

General Questions: admin@teamifg.com

Important Number for Reference: **Medicare:** 800-633-4227

Social Security: 800-772-1213



HUMANA MEDICARE

Agent Support Line

1-800-309-3163

Main and Training Website

https://account.humana.com/

How to submit apps

Vantage and Sunfire

HRA and Amount

Yes, \$50

Commissions Frequency

Once a week, deposited Fridays





AETNA MEDICARE

Agent Support Line

1-866-714-9301. 8am to 8pm ET Monday-Friday

Main and Training Website

https://www.aetna.com/

How to submit apps

Producer World and Sunfire

HRA and **Amount**

Referred to as VBE with Aetna - \$70 each

Commissions Frequency

Twice a week



ANTHEM MEDICARE

Agent Support Line

1-800-633-4368

Main Website

https://brokerportal.anthem.com/apps/ptb/login

Training Website

anthem.cmpsystem.com

How to submit apps

Producer Toolbox and Sunfire

HRA and **Amount**

Yes, \$50

Commissions Frequency

Once a week, a month in arrears





CIGNA MEDICARE

Agent Support Line

1-866-442-7516

Main Website

https://cignaforbrokers.com

Training Website

https://cignamedicareproducers.com

How to submit apps

Agent portal and Sunfire

HRA and Amount

Yes \$50

Commissions Frequency

Once a week, deposited Fridays





UNITED HEALTH CARE MEDICARE

Agent Support Line

1-888-381-8581 *Producer Help Desk Chat works great too

Main and Training Website

uhcjarvis.com

How to submit apps

Jarvis and Sunfire

HRA and Amount

Yes, \$50

Commissions Frequency

Twice a week





WELLCARE MEDICARE

Agent Support Line

1-866-822-1339

Main Website

https://wellcare.callidusinsurance.net/ICM/

Training Website

centene.cmpsystem.com

How to submit apps

Ascend and Sunfire

HRA and Amount

Yes, \$60

Commissions Frequency

Once a week

